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(Re	questor's Name)	
——(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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B. KOHR
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EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: VANDERLINDE PHYSICAL THERAPY, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

RALPH VANDERLINDE

Name of Person

VANDERLINDE PHYSICAL THERAPY

Firm/Company

9070 KIMBERLY BLVD, SUITE 24

Address

BOCA RATON, FL 33434

City/State and Zip Code

VDLPT9050@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH VANDERLINDE 1, 561

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: VANDERLINDE PH	YSICAL THERAPY, LLC	
2. (a	 Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	ny: 9070 KIMBERLY BLVD , SUITE 24 BOCA RATON, FL 33434	- 5 - T
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9070 KIMBERLY BLVD , SUITE 24 BOCA RATON, FL 33434	DEC PHASE
07/19/2	005	L05000071138	E. F. S. S.
3. D	ate of filing/registration in Florida	4. Document number	
5. (a	 Registered Agent and Registered Office shown of Registered Agent: 	n the records of the Florida De	pt. of State:
Registered Office Address:	Registered Office Address:	555 N. CONGRESS AVE., SUITE 301	
		BOYTNON BEACH, FL 33426	
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office addres	<u>ss</u> :
	NEW Registered Agent:	RALPH VANDERLINDE	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		9070 KIMBERLY BLVD , SUITE 24 BOCA RATON, FL 33434	
	(MOST BET EONIDA STREET ADDRESS)		,FL
confi and the liabil the magnetic the of	limited liability company is not organized under the rmed that after the change or changes are made, the he business office of the registered agent will be ide ity company, it is hereby confirmed that the change tembers of the limited liability company or as otherwhere the perating agreement of the limited liability company.	Florida street address of the re	gistered office
	VANDERLINDE		
I her comp and I Chap addre	d or typed name of signee Tely accept the appointment as registered agent and It with the provisions of all statules relative to the p amfamiliar with and accept the obligations of my p yer 608, F.S. Or lif this document is being filed to h is stated by confirm that the limited liability compa	agree to act in this capacity, proper and complete performa position as registered agent as nerely reflect a change in the rany has been notified in writing	I further agree to nce of my duties, provided for in egistered office y of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00